

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT Chattanooga TN

Barbara A. Edwards

)

Sweetwater, TN

)

(Enter above the NAME of the
plaintiff in this action.)

)

)

v.

)

Denso Manufacturing

)

Athens, TN

)

(Enter above the NAME of each
defendant in this action.)

)

)

1:21-cv-253-

Parker/Leel

FILED

OCT 15 2021

Clerk, U. S. District Court
Eastern District of Tennessee
At Chattanooga

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(42 U.S.C. Section 1983)

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES () NO (X)
- B. If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. COURT: (If federal court, name the district; if state court, name the county):

3. DOCKET NUMBER: _____

4. Name of Judge to whom case was assigned: _____

5. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: _____

A. Is there a prisoner grievance procedure in this institution? YES () NO (X)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure?
YES () NO (X)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer to B is NO, explain why not. _____

E. If there is no prison grievance procedure in the institution, did you complain to the prison authorities? YES () NO (X)

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. PARTIES

(In item A below, please print your name in the first blank and place your present address in the second blank. Do the same for any additional plaintiffs.)

A. Name of plaintiff: Barbara Edwards
Present address: 812 County Rd. 350 Sweetwater, TN 37874
Permanent home address: Same
Address of nearest relative: Dolores Edwards, Hurricane, TN
304-622-9885

(In item B below, place the FULL NAME of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the additional names, positions, and places of employment of any additional defendants.)

B. Defendant: Denso Manufacturing Athens, TN
Official position: Automotive Manufacture
Place of employment: _____
C. Additional defendants: _____

IV. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Describe how EACH defendant is involved. Include also the names of other persons involved, dates and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

see Attached

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

V. RELIEF

(State BRIEFLY exactly what you want this Court to do for you. Make NO legal arguments.

Cite NO cases or statutes.)

Reimbursement of all lost wages, vacation
pays; 401 k's, insurances paid; punitive
damages due to their discrimination or
any other awards the court deems fit;
retirement wages

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of
my (our) information, knowledge and belief.

Signed this 15 day of October, 20 21.

Barbara A Edwards
Signature of plaintiff(s)

Charge No: 846-2021-09450C
Charging Party: Edwards, Barbara
Respondent: DENSO MANUFACTURING ATHENS TENNESSE
Subject: 03/11/2021-Intake Notes
Created By: MOORE, JEREMY
Date: Mar 11, 2021
Note: CHARGE NUMBER: 846-2021-09450
CHARGING PARTY: Barbara Edwards
RESPONDENT: Denso Manufacturing
INTERVIEW TYPE: PHONE
DATE: March 11, 2021
TIME: 10:00 am

SECTION I: CHARGE OUTLINE

STATUE: Americans with Disabilities Act Amendments Act of 2008
BASIS: Disability (Type 1 Diabetes, Asthma, Stage 1 kidney disease High Blood Pressure, Paralysis in hand severed finger and nerve damage from dog bite-Permanent, and heart condition) & Retaliation
ISSUE: Reasonable Accommodation & Discharge
SYNOPSIS: Charging Party alleges that she was previously accommodated for her disability and she has not been allowed to return to work.

SECTION II: CHARGING PARTY BACKGROUND

POSITION: Production Inspector
DEPARTMENT: Quality Control

DATE OF HIRE: 02/17/2020

DATE OF DISCHARGE: 12/22/2020

DATE OF VIOLATION: 12/22/2020 STATE: TN SOL: 10/08/2021
IMMEDIATE SUPERVISOR: Brett Snazely (Lead Inspector)
2ND LINE SUPERVISOR: Jeff Pike (GDI 3 Supervisor)

SECTION II (CONTINUED): WORK AREA/DEPARTMENT DEMOGRAPHICS

DEPARTMENT/SECTION ASSIGNED: Quality Control
THE SUPERVISOR FOR THIS DEPARTMENT IS: Brett Snazely (Lead Inspector)
NUMBER OF EMPLOYEES UNDER THIS SUPERVISOR: 15-20

THE OTHER SUPERVISORS ARE: Jeff Pike (GDI 3 Supervisor)

SECTION III: ALLEGATIONS

Reasonable Accommodation

Charging Party stated that the employer had knowledge of her disabilities at the time of hire.

Charging Party alleges that she was accommodated for disability prior to December 2020.

Charge No: 846-2021-09450C
Charging Party: Edwards, Barbara
Respondent: DENSO MANUFACTURING ATHENS TENNESSE

Work Restrictions- Provided at time of hire

Limitation to lift with left hand & back 30 lbs.
Inability to lift over 15 lbs. repetitively multiple times per hour
Inability to stand more than 45 mins without break
Inability to work in dusty environment
Usage of restroom as needed for kidneys

Retaliation

December 8, 2020, Charging Party stated that her line was down, and she was reassigned to another work area. Charging Party made a complaint to Brett (Team Lead) and was told to speak with the supervisor Dustin Long (Day Shift Supervisor Team Lead) that she could not perform the job duties of her placement due to her medical restrictions (Chemical smell & extended standing). She was sent home without pay by the supervisor the same day because she had too many medical restrictions.

Charging Party returned to work the following day with no issues

December 12, 2019, Charging Party had medical appointment and took a COVID-19 test due to some symptoms. She informed employer and was told to keep them updated. Test came back negative and was told she needed a re-test to and Charging Party informed employer.

Discharge

December 22, 2020, Charging Party stated that she received a call from Katie Nolan (Associate Relations) and was informed that they could no longer accommodate her medical restrictions via telephone. Charging Party asked why and was told they just couldn't any longer and asked if her position had changed and was told that her position was still needed. She stated Katie tried to say it was due to COVID-19 and her disabilities and that they would try to find her another position because she had received complaints.

Charging Party was placed on leave without pay and has not been allowed to return to work.

January 2021, Charging Party stated that she spoke to the supervisor and expressed her concerns with her job and was told that they could accommodate her restrictions and told her to follow-up and provide medical documentation. Charging Party stated her doctor provided the documentation.

February 2021, Charging Party stated that he was told by Katie Nolan to provide medical documents for FMLA leave/short term disability.

Charging Party has not heard anything regarding returning to work.

SECTION IV: DISCIPLINARY ACTIONS

No prior disciplinary actions

SECTION V: COMPARATORS

SECTION VI: WITNESSES

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.</small>		AGENCY <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER
_____ and EEOC <small>State or local Agency, if any</small>			
NAME (Indicate Mr., Ms., Mrs.) Barbara Arlene Edwards		HOME TELEPHONE (Include Area Code) (304) 672-9188	
STREET ADDRESS 812 County Road 350, Sweetwater TN 37874		CITY, STATE AND ZIP CODE DATE OF BIRTH 5/5/1964	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME Denso Manufacturing TN, Inc.	NUMBER OF EMPLOYEES, MEMBERS 500+	TELEPHONE (Include Area Code)	
STREET ADDRESS 2400 Denso DR., Athens, TN 37303 USA		CITY, STATE AND ZIP CODE COUNTY	
NAME		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS		CITY, STATE AND ZIP CODE COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div><input type="checkbox"/> RACE</div> <div><input type="checkbox"/> COLOR</div> <div><input type="checkbox"/> SEX</div> <div><input type="checkbox"/> RELIGION</div> <div><input type="checkbox"/> AGE</div> <div><input type="checkbox"/> RETALIATION</div> <div><input type="checkbox"/> NATIONAL ORIGIN</div> <div><input checked="" type="checkbox"/> DISABILITY</div> <div><input type="checkbox"/> OTHER (Specify)</div> </div>			DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA) LATEST (ALL) <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I am a qualified individual with disabilities that substantially limit me in several life activities. I have worked at Respondent's facility since December 2018, first as an employee of a staffing agency, then beginning in February 2020 as a direct employee of Respondent, in the position of Production Inspector. Prior to December 2020 Respondent provided me with reasonable accommodations that enabled me to perform the essential functions of my position. However, one day in December the line I normally work at was down, so I was assigned to perform different duties in another area of the plant that violated several of my work restrictions. When I pointed this out, the day shift supervisor Dustin Long reviewed my file and made a comment to the effect that if I have that many restrictions, I could just go home. I was sent home that day because of my disabilities, resulting in loss of income. Thereafter, I became ill and had to be out for Covid-19 testing, which was negative; however, on December 22, 2020 I received a call from Katy Beth Nolan in Associate Relations. Ms. Nolan told me that Respondent could no longer accommodate my disability. This was false, as nothing about my position had changed, and Respondent had been accommodating me. Respondent's refusal to accommodate my disabilities, especially when it had previously done so, violates the Americans with Disabilities Act (ADA). Respondent placed me on leave without pay, and I have not been allowed to return to work. It appears that Respondent intends to terminate my employment because of my disabilities in violation of the ADA. Respondent has a pattern or practice of discriminating against individuals with disabilities. Respondent discriminates against a class of individuals who require reasonable accommodation in violation of the ADA.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct. <div style="text-align: center;"> Date 02/26/2021 </div>		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Day, month, and year)	

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Barbara Edwards**
812 County Rd 350
Sweetwater, TN 37874

From: **Nashville Area Office**
220 Athens Way
Suite 350
Nashville, TN 37228

☐

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

846-2021-09450

Dawn L. Smith,
Investigator

(629) 236-2248

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☒

The EEOC issues the following determination: The EEOC will not proceed further with its investigation, and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

☐

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Deborah K. Walker

07/19/2021

Enclosures(s)

Deborah K. Walker,
Area Office Director

(Date Issued)

cc:

Bob Booker
Sr. Manager Corporate Services Division
Denso Manufacturing TN, Inc.
1720 ROBERT C JACKSON DR
Maryville, TN 37801

Goldfarb, Esq, Jon C
The Kress Building
301 19th Street North
Birmingham, AL 35203